

KENTUCKY PERSONNEL CABINET

Health Insurance Program Monthly Report



Prepared for:

Kentucky Group Health Insurance
Board Members

June 2016

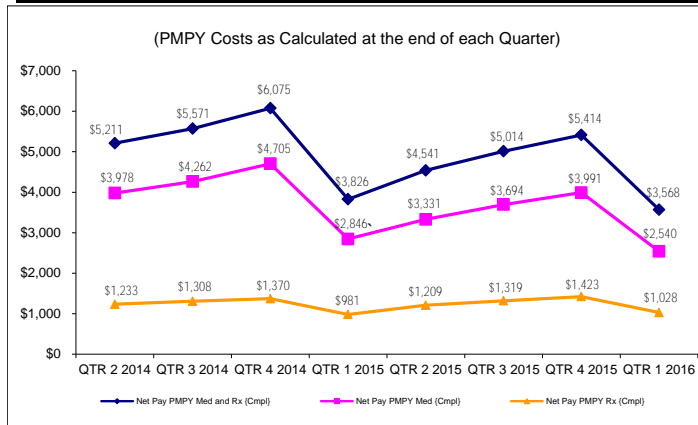
DASHBOARD REPORT: BASED ON INCURRED CLAIMS

Includes Projections for Incurred, but Not Yet Reported (IBNR or CMPL)

Enrollment

Fact	Feb 2015 - Jan 2016	Feb 2014 - Jan 2015	% Change
Employees Avg Med	148,334	150,434	-1.40%
Members Avg Med	261,959	263,504	-0.59%
Family Size Avg	1.8	1.8	0.82%
Member Age Avg	37.1	37.1	-0.09%

Net Incurred Claims Cost per Member

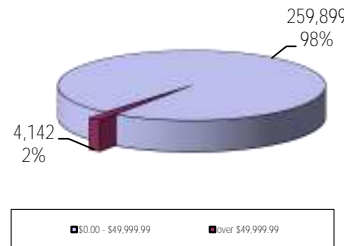


Allowed Claims Costs PMPY with Norms

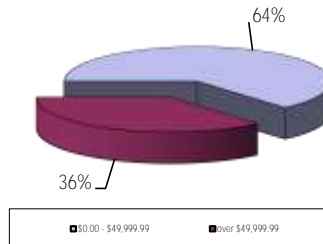
	Feb 2014 - Jan 2015	Feb 2015 - Jan 2016	% Change	Recent US Norm	Comp to Norm
Allow Amt PMPY Med {Cmpl}	\$4,838.03	\$4,179.84	-14%	\$4,411.21	-5.54%
Allow Amt PMPY IP Acute {Cmpl}	\$1,380.53	\$1,212.54	-12%	N/A	N/A
Allow Amt PMPY OP Med {Cmpl}	\$3,438.20	\$2,953.19	-14%	\$3,084.26	-4.44%
Allow Amt PMPY OP Fac Med {Cmpl}	\$1,914.56	\$1,614.02	-16%	N/A	N/A
Allow Amt PMPY Office Med {Cmpl}	\$882.23	\$859.85	-3%	N/A	N/A
Allow Amt PMPY OP Lab {Cmpl}	\$325.11	\$203.08	-38%	N/A	N/A
Allow Amt PMPY OP Rad {Cmpl}	\$496.35	\$426.53	-14%	N/A	N/A
Out of Pocket PMPY Med {Cmpl}	\$736.58	\$699.33	-5%	\$613.23	12.31%
Allow Amt PMPY Rx {Cmpl}	\$1,507.22	\$1,465.61	-3%	\$1,234.82	15.75%
Out of Pocket PMPY Rx {Cmpl}	\$273.61	\$223.04	-18%	\$0.00	N/A

High Cost Claimants Dec 14—Nov 15

% of High Cost Patients



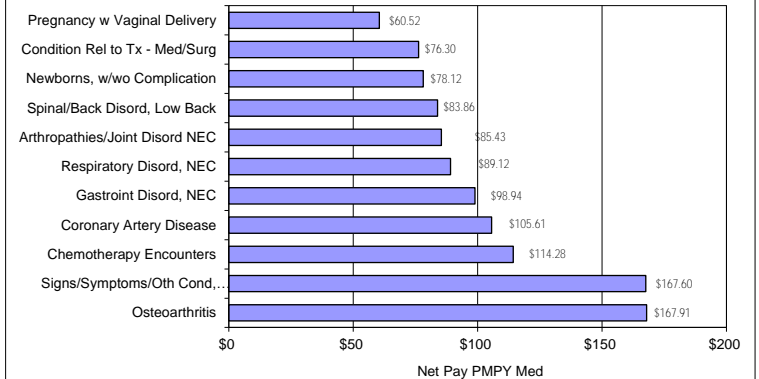
% of Total Net Payments (Med and Rx)



Prescription Drug Programs

	Fact	Feb 2014 - Jan 2015	Feb 2015 - Jan 2016	% Change
Mail Order	Discount Off AWP % Rx	55.23%	52.94%	-4.14%
	Scripts Generic Efficiency Rx	93.78%	95.28%	1.60%
Retail	Discount Off AWP % Rx	62.00%	54.87%	-11.51%
	Scripts Generic Efficiency Rx	94.92%	95.57%	0.68%
Total	Discount Off AWP % Rx	60.65%	54.35%	-10.40%
	Scripts Generic Efficiency Rx	94.80%	95.54%	0.77%
	Scripts Maint Rx % Mail Order	13.91%	14.31%	2.89%

Top 10 Clinical Conditions



Cost Drivers Support

Fact	Feb 2014 - Jan 2015	Feb 2015 - Jan 2016	% Change
Allow Amt Per Day Adm Acute	\$4,644.66	\$4,299.85	-7.42%
Days Per 1000 Adm Acute	287.59	280.03	-2.63%
Allow Amt Per Visit OP Fac Med	\$1,183.69	\$1,440.46	21.69%
Visits Per 1000 OP Fac Med	1,617.45	1,119.80	-30.77%
Allow Amt Per Visit Office Med	\$119.72	\$116.38	-2.79%
Visits Per 1000 Office Med	7,368.89	7,384.98	0.22%
Allow Amt Per Day Supply Rx	\$2.70	\$2.72	0.77%
Days Supply PMPY Rx	557.75	538.23	-3.50%

Cost Drivers—Utilization and Price Trends

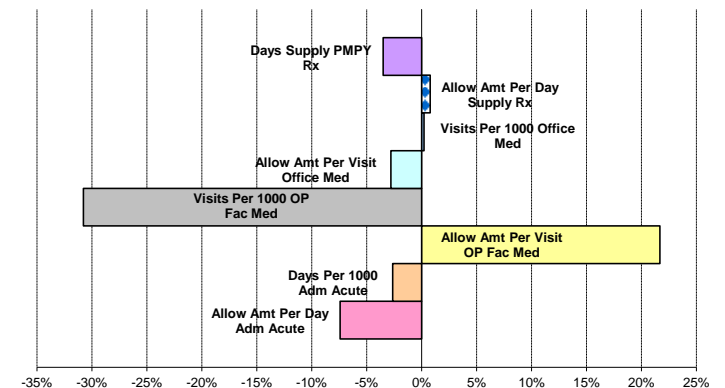


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Introduction

The Department of Employee Insurance (DEI) is pleased to provide an analysis of the Kentucky Employees' Health Plan. In response to requests for data analysis, this report has been prepared to provide information related to enrollment, claims payment, and utilization.

It is the Department's intent to update this information on a monthly basis in an effort to provide current information about Kentucky's Health Insurance Program.

Overview

This report is compiled using Advantage Suite, which is DEI's health insurance information management system. Truven warehouses enrollment and claims data. Enrollment data is provided by DEI while claims data is provided by each carrier and/or TPA.

Claims information may be analyzed by either "incurred" or "paid" dates. "Incurred" reports specify paid amounts for claims that were incurred in a specified timeframe. Due to the lag time in submittal and payment of claims, historical reports that are based on incurred claims may change significantly with each new database update since additional incurred claims will be added. "Paid" claims reports specify the paid amount for claims regardless of when the claims may have been incurred. Unless otherwise specified, data contained in this report are based on "incurred" claims.

Enrollment in the KEHP changes on a daily basis due to a variety of reasons such as: new hires, adding dependents, dropping dependents, marriage, divorce, becoming Medicare eligible, etc. Therefore, Advantage Suite is dealing with a fluid enrollment base. Also, each carrier processes claims slightly differently. During 2015, Advantage Suite processed enrollment information for a total of 261,938 members as well as 7,670,160 claims (3,223,507 Medical claims and 4,446,653 prescriptions) from different carriers. When dealing with such large numbers it is impossible to tag every claim to a corresponding group, carrier, service type, etc. While the tagging rate for the KEHP data exceeds 99%, you may still see information on reports stated as "~Missing". This indicates any enrollment or claims that could not be "tagged" by Advantage Suite.

Definitions

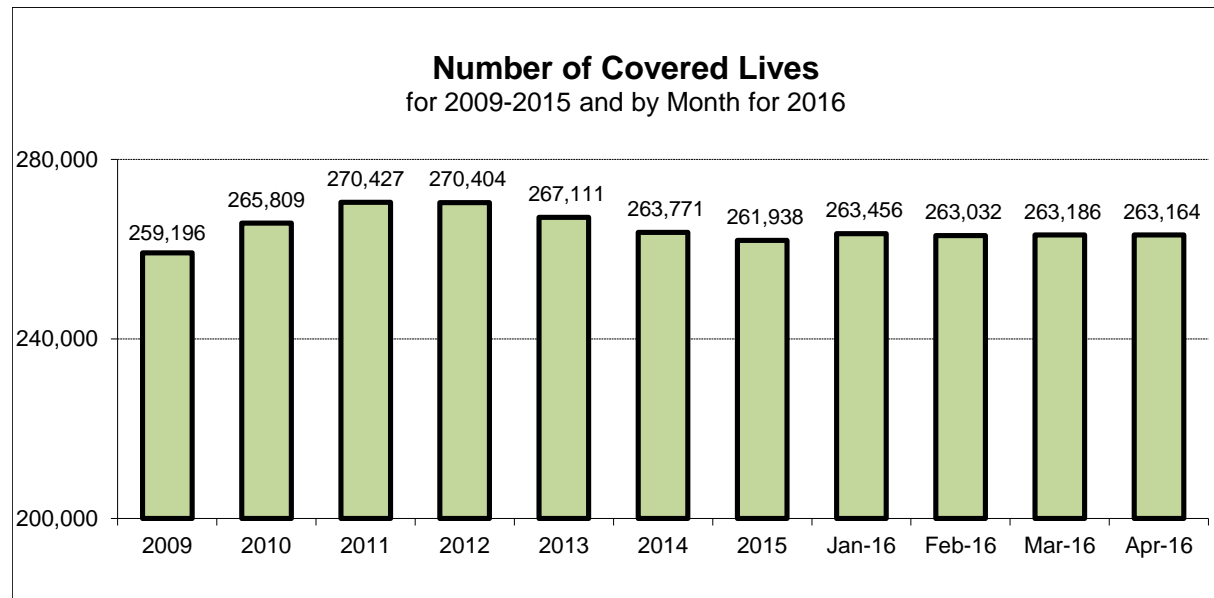
- **Employee** represents an individual eligible to participate in KEHP as a retiree in either KTRS or KRS, or by being employed by one of the agencies that participate with KEHP (example: state employee, school boards, Quasi agency, etc.). Employee may also be referred to as “planholder” or “contracts”. Please note that Advantage Suite deals with Cross-reference plans uniquely. Although there are in fact two “employees” Advantage Suite can only designate the planholder as an employee. Therefore, the cross-referenced spouse is considered a dependent and all claims and utilization data related to them is counted as a “member”.
- **Member** includes all employees plus any dependents that are covered through the KEHP. Members may also be referred to as “covered lives”.
- **Group** is Kentucky Retirement System (KRS), Kentucky Teachers Retirement System (KTRS), State Employees, School Boards, or Other (includes: COBRA, Health Departments, KCTCS, Quasi/Local Governments).
- **Plan** is CW Standard PPO, CW Capitol Choice, CW Optimum PPO, CW Maximum Choice, Standard PPO, Standard CDHP, LivingWell PPO and LivingWell CDHP
- **Carrier** is claims listed by carrier. (Please note that Express Scripts data is designated as Humana and CVS is designated as Anthem).
- **Generic Efficiency** means the number of prescriptions that are filled with a generic product as a percentage of the total number of prescriptions where a generic is available.
- **OOP** is the amount paid out-of-pocket by the member for facility, professional, and prescription drug services. This generally includes coinsurance, co-payment, and deductible amounts.
- **Allowed Amount** is the amount of submitted charges eligible for payment for all claims. It is the amount eligible after applying pricing guidelines, but before deducting third party, co-payment, coinsurance, or deductible amounts.
- **Net Payment** is the net amount paid for all claims. It represents the amount after all pricing guidelines have been applied, and all third party, co-payment, coinsurance, and deductible amounts have been subtracted.
- **Patients** is the unique count of members who received facility, professional, or pharmacy services.
- **Days Supply** is the number of days for which drugs were supplied for prescriptions filled. It represents the number of days of drug therapy covered by a prescription.
- **Mail Order** is computed as any script filled with a “days supply” of more than 30 days, regardless of the physical location where the prescription was filled.
- **Retail** is computed as any script filled with a “days supply” of 30 days or less, regardless of the physical location where the prescription was filled.

Enrollment

The following chart shows planholder enrollment (contracts) for 2009-2015 and monthly year-to-date for 2016. Enrollment will fluctuate on a monthly basis (Approximately 7,500 cross-referenced spouses in any given month are not included)

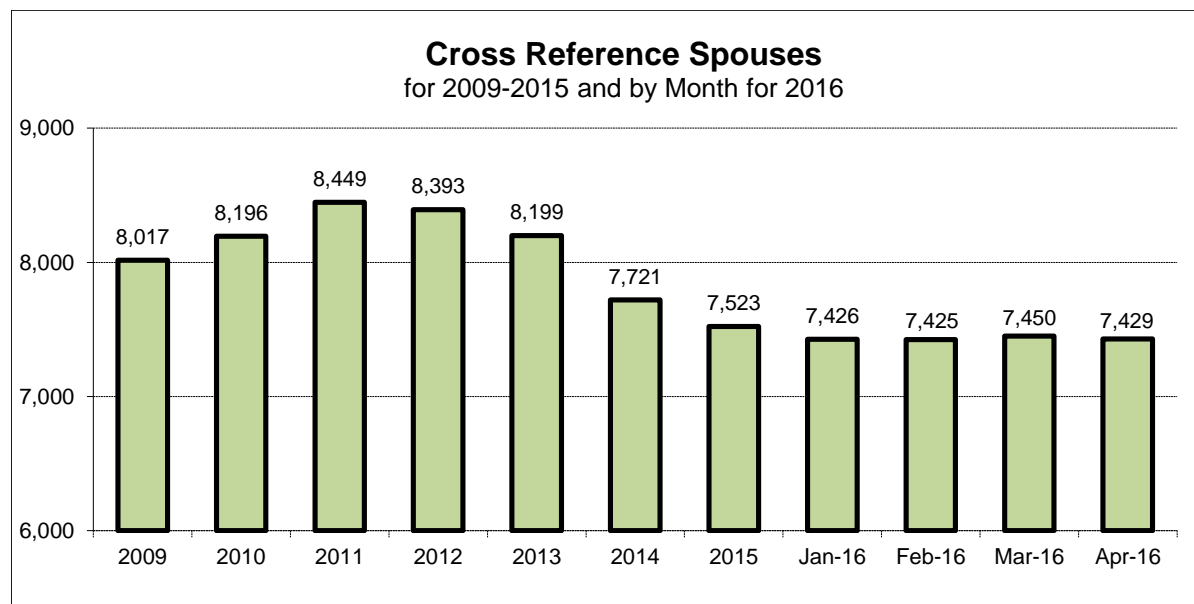


The following chart shows member enrollment (covered lives) for 2009-2015 and monthly year-to-date for 2016. Enrollment will fluctuate on a monthly basis.



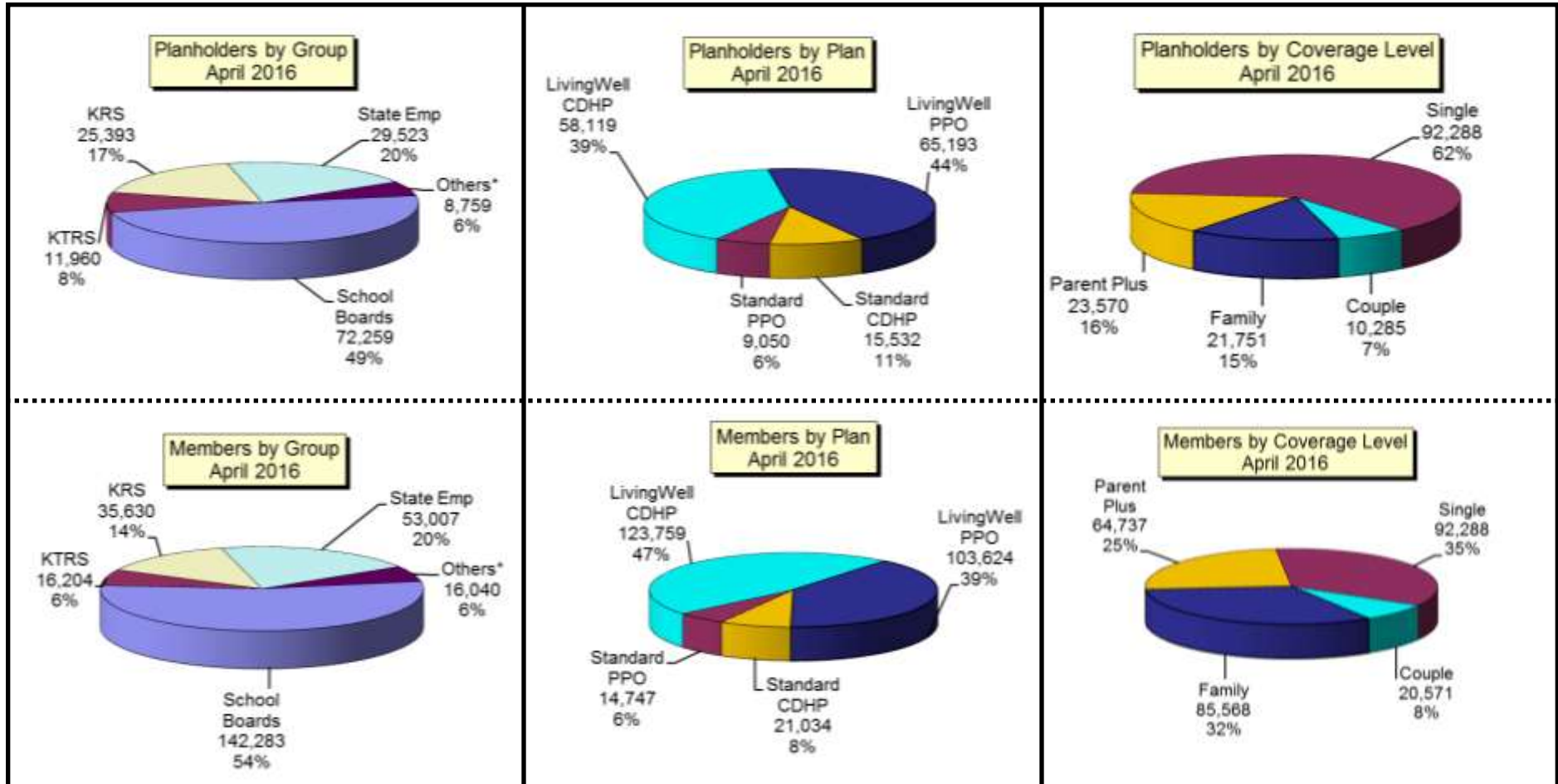
Enrollment *(continued)*

The following graph shows the number of cross-reference spouses for 2009-2015 and monthly year-to-date for 2016. The number of Cross Referenced Spouses will fluctuate on a monthly basis.



Enrollment (continued)

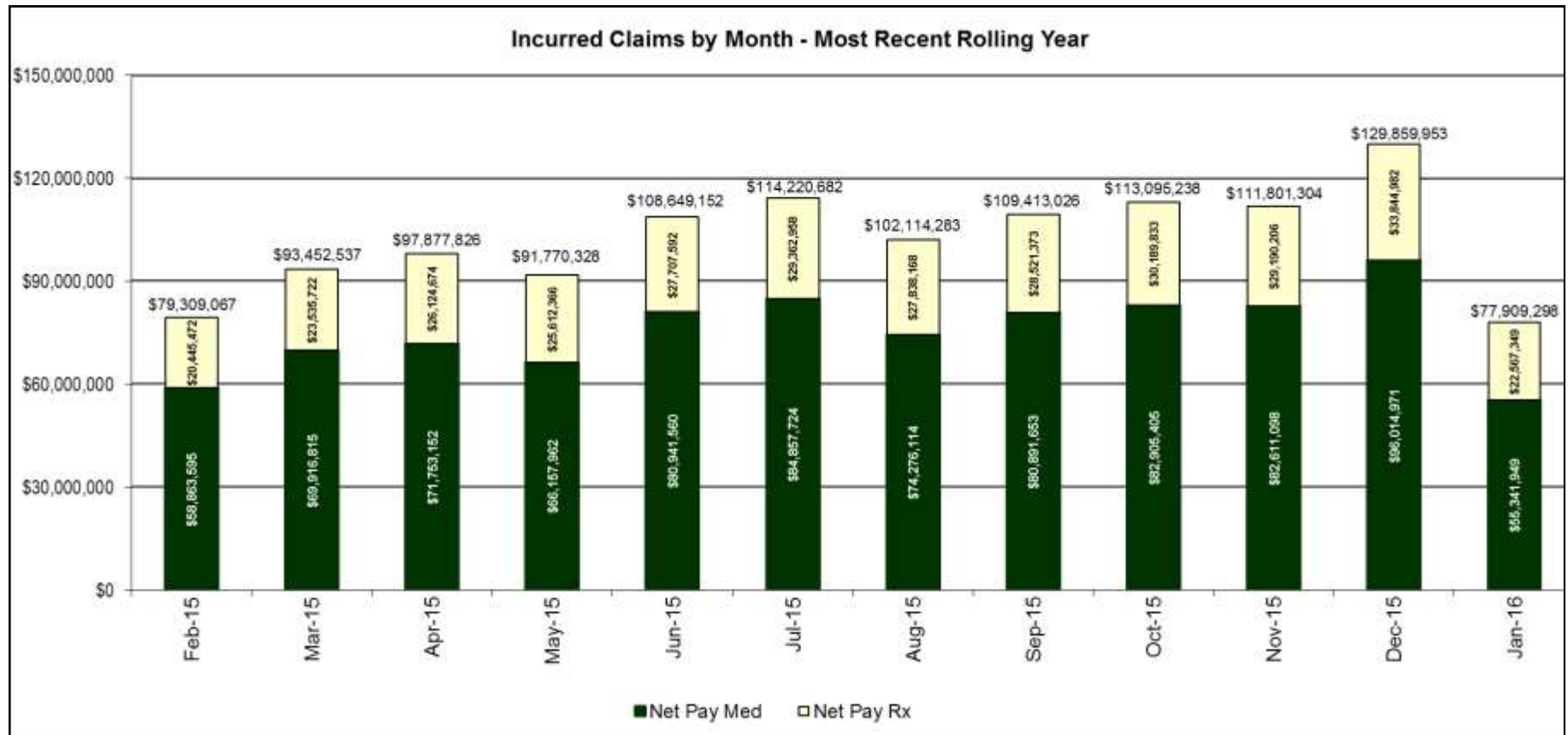
The following charts show Planholder and Member enrollment by group, plan, and coverage level.



* Others include Cobra, Health Departments, KCTCS, Quasi/Local Governments, or Missing (unable to determine group).

Claims Costs

Claims costs include Medical and Prescription (Rx) for the most recent rolling year. Based on Incurred Claims.



Claims Costs *(continued)*

The following tables represent incurred claims by Group for 2009 - 2015 and monthly year-to-date for 2016.

INCURRED MEDICAL CLAIMS (no Rx) by Group:

Time Period	School Boards	KTRS	KRS	State Employees	Others	Totals
2009	\$427,644,878	\$123,944,338	\$220,434,791	\$177,195,445	\$68,628,440	\$1,017,847,892
2010	\$467,251,898	\$134,399,726	\$218,395,487	\$193,151,301	\$79,182,411	\$1,092,380,824
2011	\$475,939,979	\$137,632,074	\$239,407,280	\$200,932,917	\$80,536,373	\$1,134,448,624
2012	\$507,681,774	\$138,118,714	\$243,217,120	\$206,804,511	\$90,085,615	\$1,185,907,733
2013	\$523,689,024	\$134,541,840	\$232,179,281	\$214,229,963	\$96,163,847	\$1,200,803,955
2014	\$464,849,662	\$121,023,848	\$216,482,851	\$202,973,186	\$80,652,357	\$1,085,981,904
2015	\$400,789,905	\$99,688,308	\$186,263,639	\$157,584,310	\$63,175,931	\$907,502,093
Jan 2016	\$24,458,654	\$6,068,474	\$11,404,933	\$10,060,918	\$3,348,970	\$55,341,949

* Others include Cobra, Health Departments, KCTCS, Quasi/Local Governments, or Missing (unable to determine group).

Claims Costs *(continued)*

The following tables represent incurred claims by Group for 2009 - 2015 and monthly year-to-date for 2016

INCURRED Rx CLAIMS (no Med) by Group:

	School Boards	KTRS	KRS	State Employees	Others*	Totals
2009	\$119,002,425	\$45,308,689	\$82,234,684	\$50,881,577	\$18,339,245	\$315,766,619
2010	\$129,624,203	\$49,399,459	\$89,783,758	\$55,125,407	\$21,022,918	\$344,955,745
2011	\$126,659,101	\$48,675,489	\$92,082,668	\$54,232,323	\$20,434,256	\$342,083,837
2012	\$133,983,235	\$50,751,278	\$88,781,373	\$58,571,312	\$21,662,510	\$353,749,707
2013	\$140,311,249	\$50,990,433	\$78,583,695	\$60,381,053	\$22,626,889	\$352,893,319
2014	\$131,095,261	\$43,051,743	\$73,829,113	\$55,742,211	\$20,899,988	\$324,618,317
2015	\$128,726,932	\$42,222,215	\$74,110,513	\$56,227,430	\$21,572,724	\$322,859,815
Jan 2016	\$8,911,121	\$2,800,993	\$5,530,695	\$3,683,353	\$1,641,187	\$22,567,349

** Others include Cobra, Health Departments, KCTCS, Quasi/Local Governments, or Missing (unable to determine group).*

Claims Costs *(continued)*

The following tables represent incurred claims by Plan for 2009-2015 and monthly year-to-date for 2016.

INCURRED MEDICAL CLAIMS (no Rx) by PLAN:

Time Period	Capitol Choice	Maximum Choice	Optimum PPO	CW Standard PPO	Standard PPO	Standard CDHP	LivingWell PPO	LivingWell CDHP	Missing*	Total
2009	\$115,052,390	\$44,250,277	\$839,555,872	\$14,550,862					\$4,290,752	\$1,017,847,892
2010	\$120,801,466	\$56,099,090	\$893,370,461	\$15,244,745					\$6,865,062	\$1,092,380,824
2011	\$145,752,975	\$71,531,690	\$872,004,689	\$39,637,013					\$5,522,257	\$1,134,448,624
2012	\$159,420,476	\$75,626,849	\$887,301,358	\$53,534,574	(\$83)	(\$1,306)	(\$277)	\$0	\$10,026,143	\$1,185,909,745
2013	\$157,512,671	\$78,703,350	\$875,934,324	\$65,114,150	\$216,633	\$876,162	\$1,179,585	\$1,083,964	\$11,952,397	\$1,192,575,248
2014	\$1,510	\$529	\$75,560	\$15,221	\$57,202,597	\$46,089,721	\$598,649,988	\$375,442,559	\$8,504,220	\$1,085,983,918
2015	\$0	\$0	\$0	\$0	\$44,241,227	\$42,494,696	\$442,734,776	\$370,867,440	\$7,163,955	\$907,504,108
Jan 2016	\$0	\$0	\$0	\$0	\$3,083,840	\$3,091,039	\$27,190,182	\$21,683,447	\$293,442	\$55,384,319

**Missing means the claims could not be tagged to a specific plan.*

Claims Costs *(continued)*

The following tables represent incurred claims by Plan for 2009-2015 and monthly year-to-date for 2016.

INCURRED Rx CLAIMS (no Med) by PLAN:

Time Period	Capitol Choice	Maximum Choice	Optimum PPO	CW Standard PPO	Standard PPO	Standard CDHP	LivingWell PPO	LivingWell CDHP	Missing*	Total
2009	\$35,845,894	\$7,804,096	\$267,798,635	\$3,632,729					\$627,662	\$315,766,619
2010	\$37,400,953	\$10,541,054	\$292,411,029	\$3,839,193					\$763,517	\$344,955,745
2011	\$44,303,915	\$13,658,792	\$275,615,919	\$8,069,769					\$435,441	\$342,083,836
2012	\$47,436,530	\$14,365,504	\$280,632,291	\$10,764,647					\$550,735	\$353,749,707
2013	\$46,693,999	\$15,357,135	\$276,749,095	\$14,030,828					-\$153,326	\$352,677,732
2014	\$3,375	\$220	\$33,102	\$3,098					\$321,792	\$361,587
2015	\$0	\$0	\$0	\$0	\$15,982,780	\$6,827,390	\$201,315,766	\$98,621,831	\$112,048	\$322,859,815
Jan 2016	\$0	\$0	\$0	\$0	\$1,398,312	\$381,841	\$16,287,026	\$4,484,585	\$15,586	\$22,567,349

**Missing means the claims could not be tagged to a specific plan.*

Claims Costs *(continued)*

The following represents incurred medical claims only (does not include Rx) by Coverage Level for 2009-2015 and monthly year-to-date for 2016.

INCURRED MEDICAL CLAIMS (no Rx) by Coverage Level:

Time Period	Couple	Family	Parent Plus	Single	Unknown*	Total
2009	\$148,834,766	\$197,496,335	\$148,195,132	\$519,153,082	\$4,168,576	\$1,017,847,892
2010	\$161,490,560	\$207,327,688	\$168,831,673	\$547,945,617	\$6,785,286	\$1,092,380,824
2011	\$159,448,230	\$231,732,200	\$184,502,900	\$553,571,504	\$5,473,567	\$1,134,728,400
2012	\$159,856,516	\$247,003,535	\$194,212,198	\$574,926,707	\$9,908,778	\$1,185,907,733
2013	\$145,507,029	\$251,770,711	\$207,256,121	\$576,091,144	\$11,948,229	\$1,192,573,235
2014	\$131,271,014	\$239,067,783	\$182,299,259	\$524,839,629	\$8,504,220	\$1,085,981,904
2015	\$112,470,237	\$211,489,263	\$152,814,269	\$423,564,369	\$7,163,955	\$907,502,093
Jan 2016	\$6,787,722	\$12,531,430	\$9,702,285	\$26,027,070	\$293,442	\$55,341,949

**Unable to tag claims to a specific coverage level*

Claims Costs *(continued)*

The following represents incurred RX claims only (does not include medical) by Coverage Level for 2009-2015 and monthly year-to-date for 2016.

INCURRED Rx CLAIMS (no Med) by Coverage Level:

Time Period	Couple	Family	Parent Plus	Single	Unknown*	Total
2009	\$51,545,047	\$59,726,568	\$37,315,867	\$166,599,775	\$579,363	\$315,766,619
2010	\$57,195,759	\$64,920,207	\$41,129,813	\$180,993,674	\$716,292	\$344,955,745
2011	\$55,944,577	\$66,704,498	\$43,290,721	\$175,791,341	\$352,568	\$342,083,705
2012	\$54,761,601	\$70,977,910	\$47,935,016	\$179,708,356	\$366,823	\$353,749,707
2013	\$50,604,750	\$72,780,959	\$51,981,507	\$177,679,696	-\$153,593	\$352,893,319
2014	\$45,477,465	\$67,739,255	\$45,631,254	\$165,448,551	\$321,792	\$324,618,317
2015	\$42,885,344	\$68,731,199	\$45,050,103	\$166,081,122	\$112,048	\$322,859,815
Jan-16	\$2,773,770	\$4,416,422	\$3,125,558	\$12,236,012	\$15,586	\$22,567,349

**Unable to tag claims to a specific coverage level*

Medical Claims Utilization

The following is based on medical claims* (does not include Rx) incurred for January 2016.

Commonwealth Plan	Admits Per 1000 Acute	Admits Per 1000 Acute Rcnt Sgovt	%Diff from {Rcnt SGovt}	Days LOS Admit Acute	Days LOS Admit Acute Rcnt Sgovt	%Diff from Rcnt SGovt	Days Per 1000 Adm Acute	Days Per 1000 Adm Acute Rcnt Sgovt	%Diff from Rcnt Sgovt
LivingWell CDHP	53.16	60.60	-12.28%	3.86	4.40	-12.27%	204.96	267.00	-23.24%
LivingWell PPO	58.10	60.60	-4.13%	4.25	4.40	-3.41%	246.65	267.00	-7.62%
Standard CDHP	49.27	60.60	-18.70%	4.18	4.40	-5.00%	206.13	267.00	-22.80%
Standard PPO	55.46	60.60	-8.48%	6.63	4.40	50.68%	367.81	267.00	37.76%
Average	54.93	60.60	-9.36%	4.20	4.40	-4.55%	230.66	267.00	-13.61%

Commonwealth Plan	Visits Per 1000 Office Med	Visits Per 1000 Office Med Rcnt Sgovt	%Diff from Rcnt SGovt	Visits Per 1000 ER	Visits Per 1000 ER Rcnt Sgovt	%Diff from Rcnt Sgovt
LivingWell CDHP	6,486.41	7,904.00	-17.94%	155.11	224.00	-30.75%
LivingWell PPO	7,725.97	7,904.00	-2.25%	178.08	224.00	-20.50%
Standard CDHP	3,745.36	7,904.00	-52.61%	210.09	224.00	-6.21%
Standard PPO	5,173.03	7,904.00	-34.55%	197.36	224.00	-11.89%
Average	6,683.36	7,904.00	-15.44%	170.99	224.00	-23.67%

Commonwealth Plan	Svcs Per 1000 OP Lab	Svcs Per 1000 OP Lab Rcnt US	%Diff from Rcnt US	Svcs Per 1000 OP Rad	Svcs Per 1000 OP Rad Rcnt US	%Diff from Rcnt US
LivingWell CDHP	6,757.78	7,625.42	-11.38%	1,878.76	1,941.54	-3.23%
LivingWell PPO	9,173.08	8,799.46	4.25%	2,532.41	2,423.85	4.48%
Standard CDHP	5,329.24	8,384.26	-36.44%	1,535.18	2,119.02	-27.55%
Standard PPO	7,026.78	8,666.04	-18.92%	1,863.53	2,286.48	-18.50%
Average	7,614.19	8,209.42	-7.25%	2,109.07	2,166.04	-2.63%

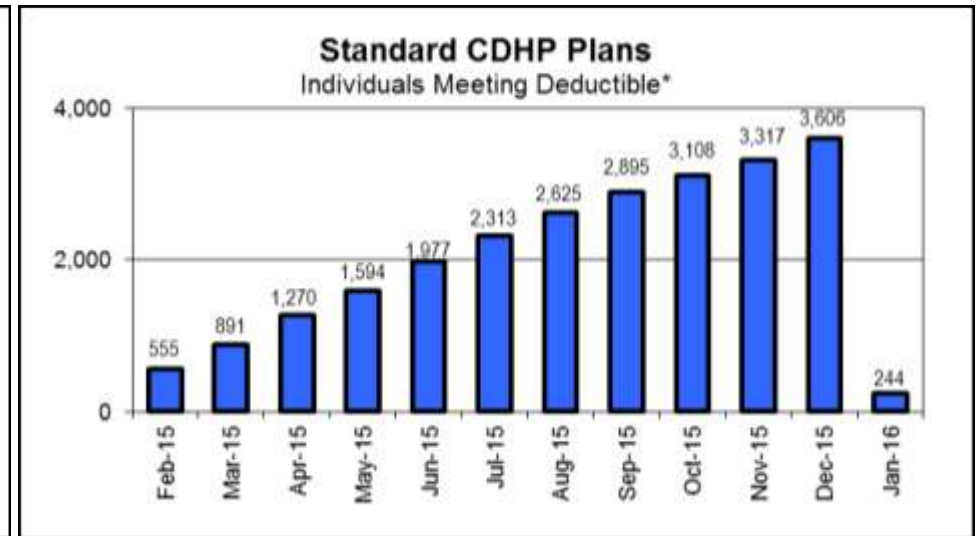
*Services are tracked by each service, not by each visit. Therefore, if two laboratory services are performed at one visit, it will count as two services.

Analysis of Individuals and Families Meeting Their Deductibles

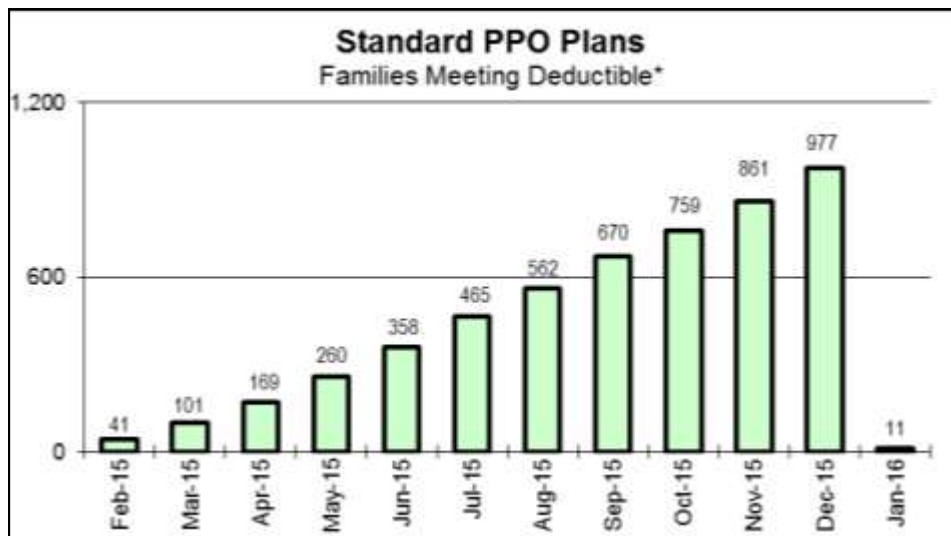
The following details the number of individuals and families by plan that met their deductible for the latest rolling year. This report is based on incurred claims.



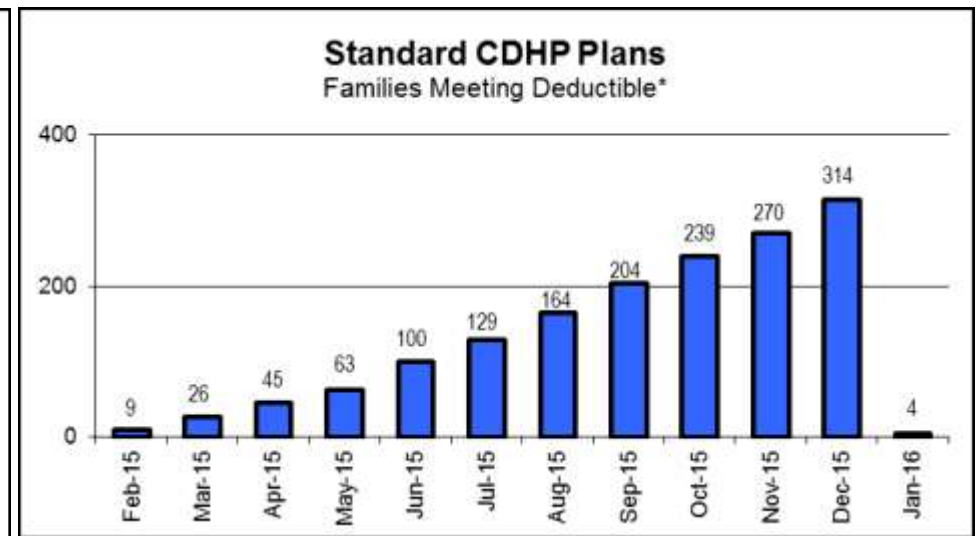
* 2014 and 2015 Individual Deductible is \$750



* 2014 and 2015 Individual Deductible is \$1,750



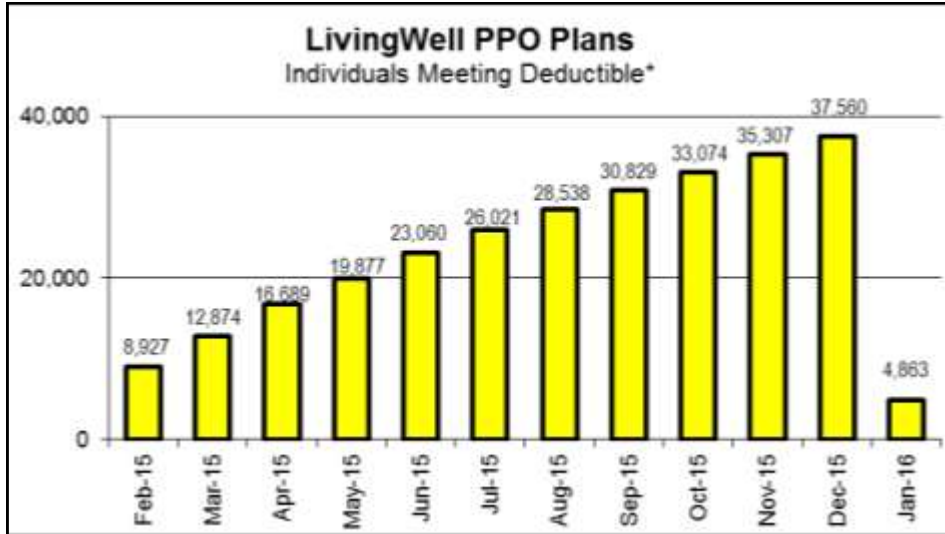
* 2014 and 2015 Family Deductible is \$1,500



* 2014 and 2015 Family Deductible is \$3,500

Analysis of Individuals and Families Meeting Their Deductibles *(continued)*

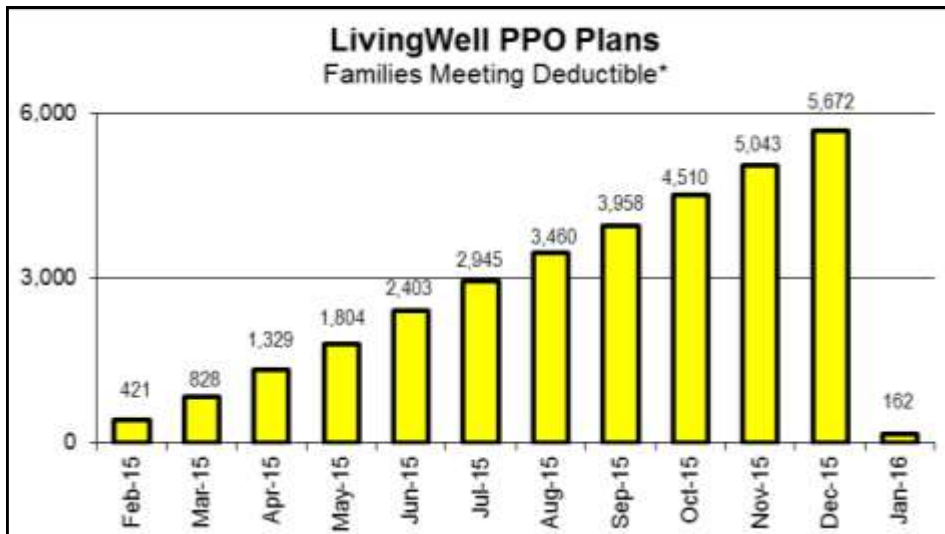
The following details the number of individuals and families by plan that met their deductible for the latest rolling year. This report is based on incurred claims.



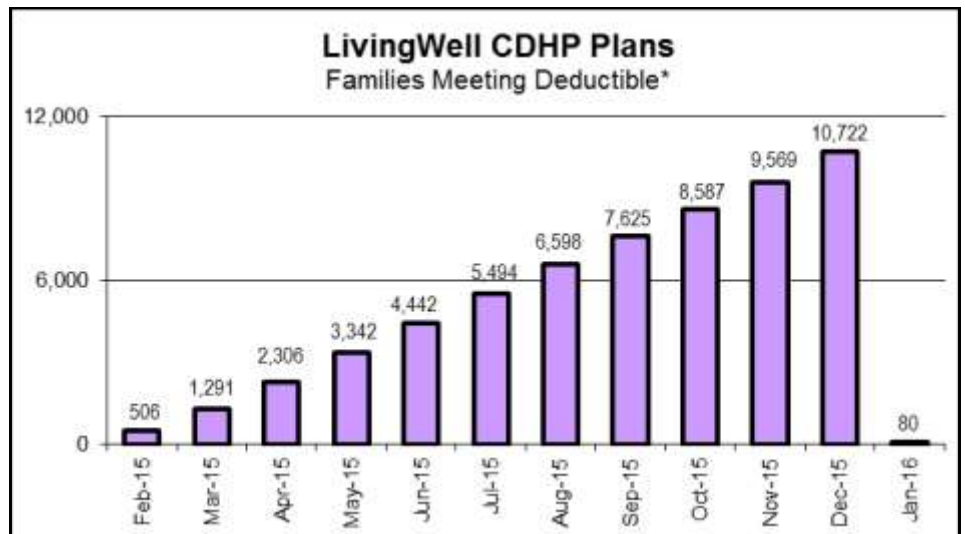
* 2014 and 2015 Individual Deductible is \$500



* 2014 and 2015 Individual Deductible is \$1,250



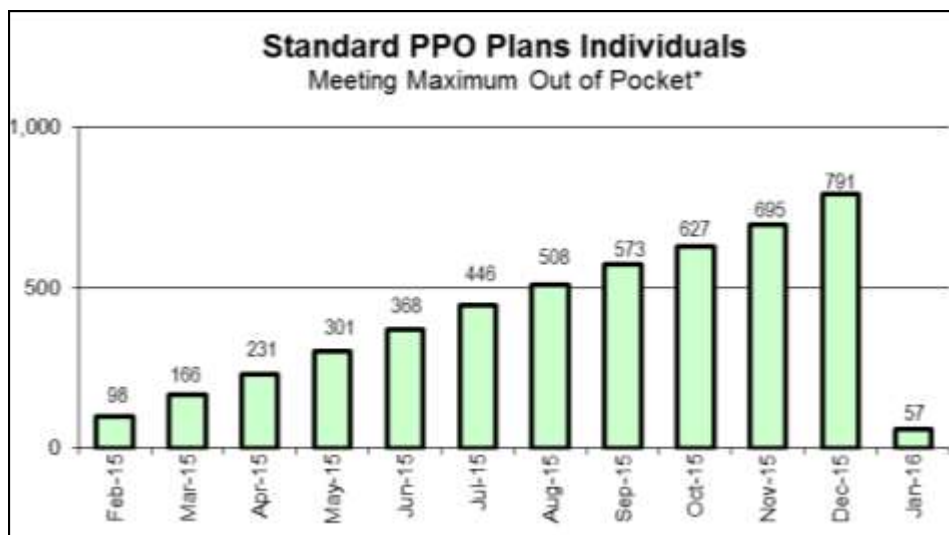
* 2014 and 2015 Family Deductible is \$1,000



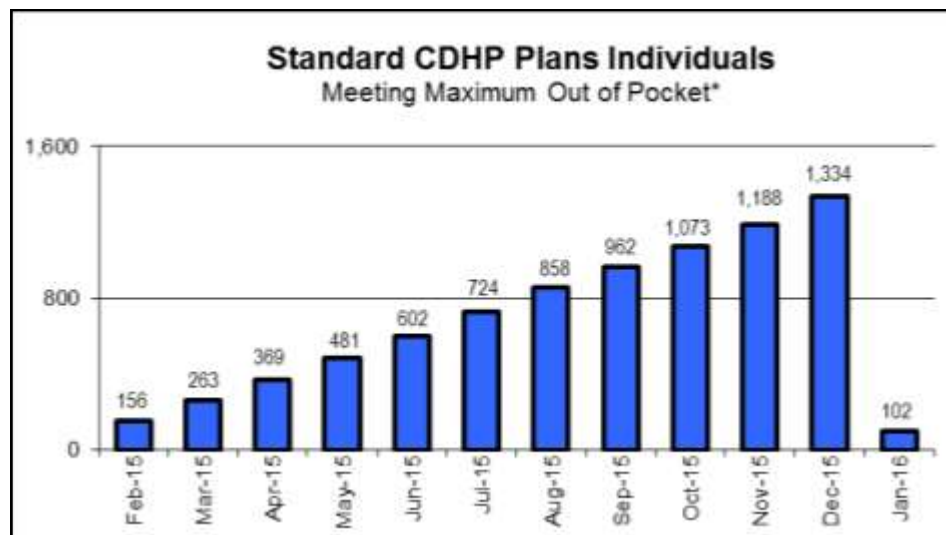
* 2014 and 2015 Family Deductible is \$2,500

Analysis of Individuals and Families Meeting Their Maximum Out of Pocket Expenses *(continued)*

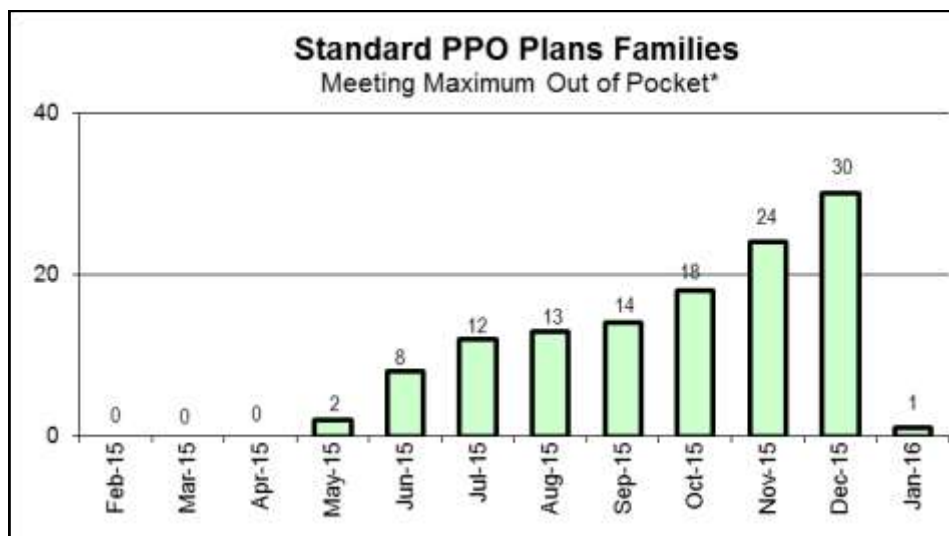
The following details the number of individuals and families by plan that met their maximum out of pocket expense for the latest rolling year. This report is based on incurred claims.



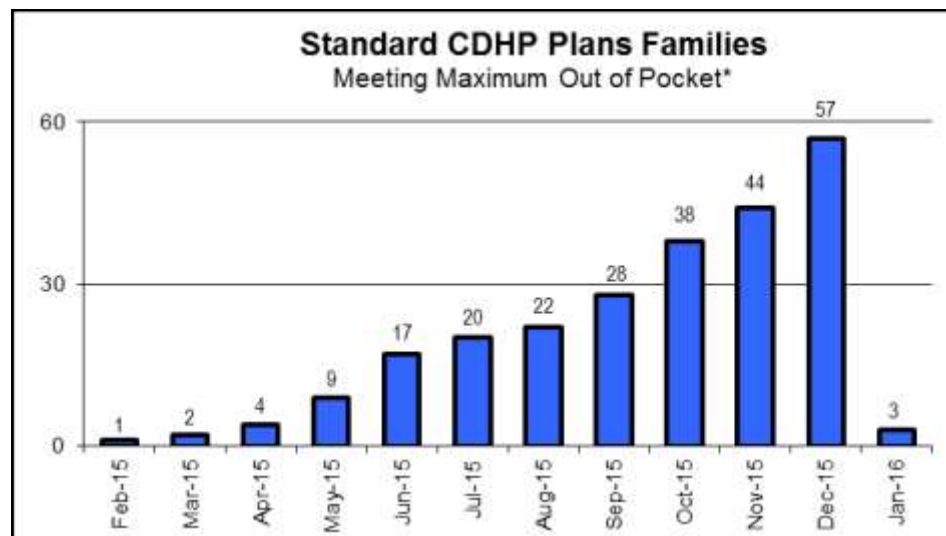
* 2014 and 2015 Individual Maximum Out of Pocket is \$3,500



* 2014 and 2015 Individual Maximum Out of Pocket is \$3,500



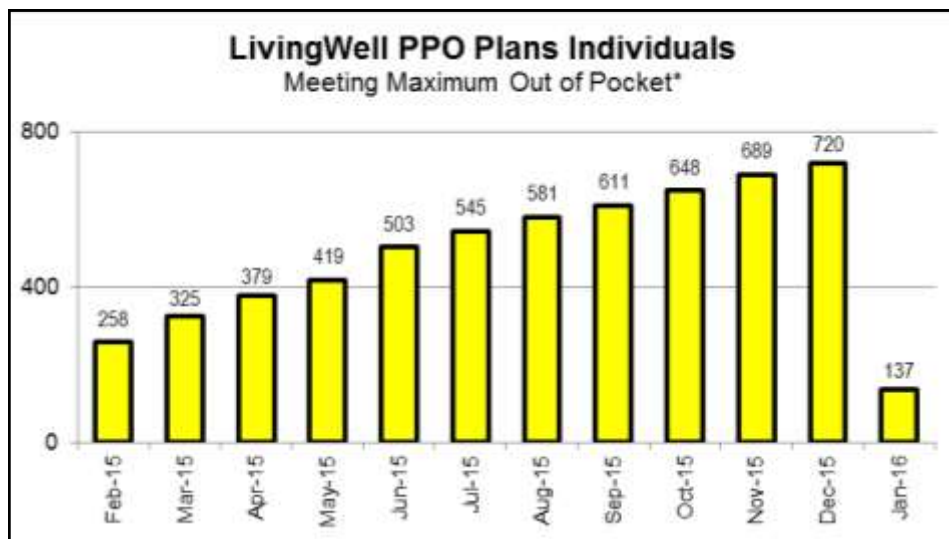
* 2014 and 2015 Maximum Out of Pocket is \$7,000



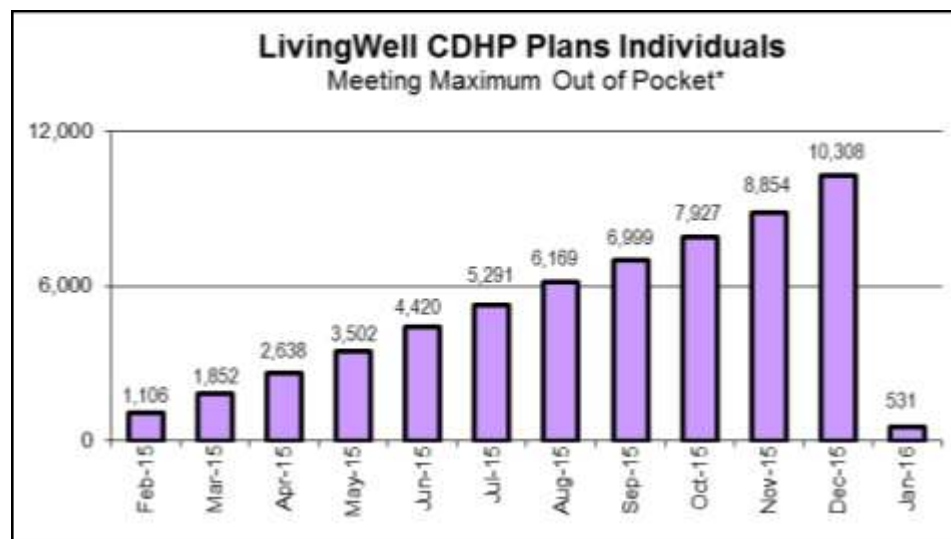
* 2014 and 2015 Family Maximum Out of Pocket is \$7,000

Analysis of Individuals and Families Meeting Their Maximum Out of Pocket Expenses *(continued)*

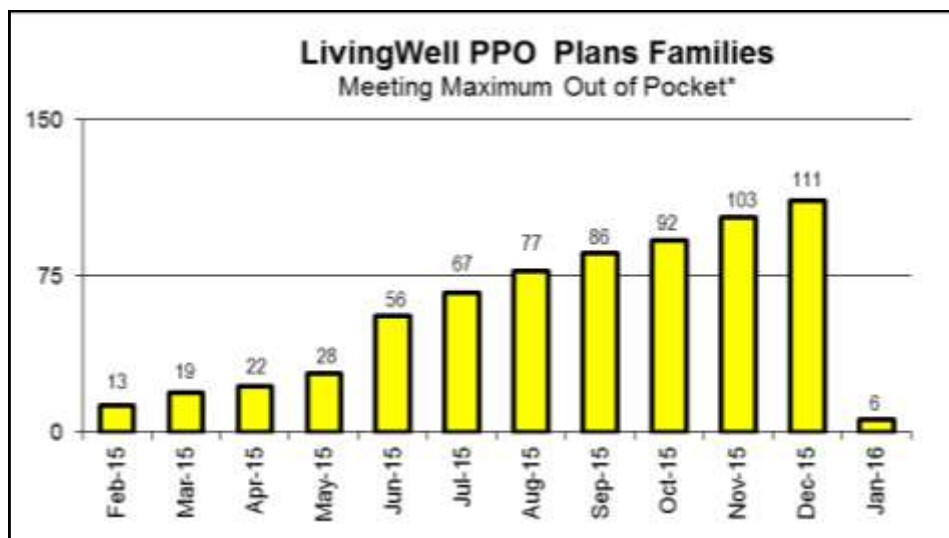
The following details the number of individuals and families by plan that met their maximum out of pocket expense for the latest rolling year. This report is based on incurred claims.



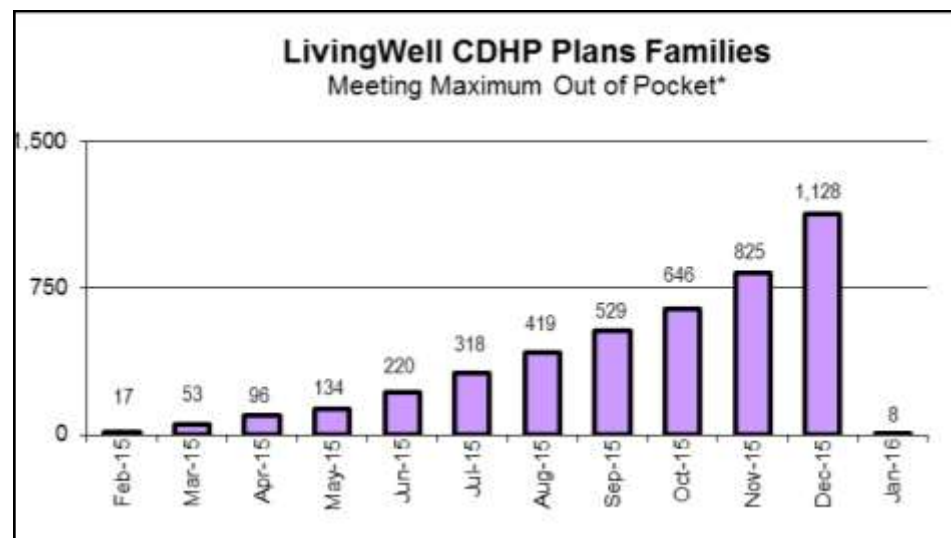
* 2014 and 2015 Maximum Out of Pocket is \$2,500



* 2014 and 2015 Individual Max Out of Pocket is \$2,500



* 2014 and 2015 Family Maximum Out of Pocket is \$5,000



* 2014 and 2015 Family Maximum Out of Pocket is \$5,000

Historical Analysis of Individuals and Families Meeting Their Deductibles and Maximum Out of Pocket Expenses

(continued)

The following details the number of individuals and families by plan that met their deductibles and/or maximum out of pocket (MOOP) expense for the years 2009-2016. This report is based on incurred claims.

Individuals and Families in CW Standard PPO (2009-13) and Standard PPO (2014—)									
		Individuals				Families			
Plan year	Plan Name	Deductible	Percent Meeting Deductible	Max Out of Pocket	Percent Meeting MOOP	Deductible	Percent Meeting Deductible	Max Out of Pocket	Percent Meeting MOOP
2009	CW Standard PPO	\$750	32.06%	\$3,500	5.85%	\$1,500	8.74%	\$7,000	1.14%
2010	CW Standard PPO	\$500	38.12%	\$3,500	4.81%	\$1,500	3.61%	\$7,000	0.73%
2011	CW Standard PPO	\$500	39.40%	\$3,500	4.55%	\$1,500	3.99%	\$7,000	0.56%
2012	CW Standard PPO	\$500	40.49%	\$3,500	4.80%	\$1,500	4.98%	\$7,000	0.77%
2013	CW Standard PPO	\$600	36.86%	\$3,000	6.45%	\$1,800	4.35%	\$6,000	1.62%
2014	Standard PPO	\$750	34.88%	\$3,500	6.82%	\$1,500	10.68%	\$7,000	0.82%
2015	Standard PPO	\$750	33.18%	\$3,500	5.31%	\$1,500	9.39%	\$7,000	0.29%
2016	Standard PPO	\$750	3.36%	\$3,500	0.39%	\$1,500	0.12%	\$7,000	0.01%

Individuals and Families in Capitol Choice (2009-13) and Standard CDHP (2014—)									
		Individuals				Families			
Plan year	Plan Name	Deductible	Percent Meeting Deductible	Max Out of Pocket	Percent Meeting MOOP	Deductible	Percent Meeting Deductible	Max Out of Pocket	Percent Meeting MOOP
2009	Capitol Choice	\$500	27.85%	\$2,000	1.86%	\$1,500	0.59%	\$6,000	0.01%
2010	Capitol Choice	\$500	25.19%	\$2,000	1.84%	\$1,500	0.49%	\$6,000	0.01%
2011	Capitol Choice	\$575	24.93%	\$2,300	1.61%	\$1,725	0.45%	\$6,900	0.01%
2012	Capitol Choice	\$600	25.70%	\$2,400	1.46%	\$1,800	0.55%	\$7,000	0.01%
2013	Capitol Choice	\$615	25.18%	\$2,470	1.90%	\$1,850	0.52%	\$7,400	0.15%
2014	Standard CDHP	\$1,750	20.44%	\$3,500	7.38%	\$3,500	2.41%	\$7,000	0.47%
2015	Standard CDHP	\$1,750	17.58%	\$3,500	6.50%	\$3,500	1.73%	\$7,000	0.31%
2016	Standard CDHP	\$1,750	1.15%	\$3,500	0.48%	\$3,500	0.03%	\$7,000	0.02%

Historical Analysis of Individuals and Families Meeting Their Deductibles and Maximum Out of Pocket Expenses

(continued)

The following details the number of individuals and families by plan that met their deductibles and/or maximum out of pocket expense for the years 2009-2016 This report is based on incurred claims.

Individuals and Families in Optimum PPO (2009-13) and LivingWell PPO (2014—)									
		Individuals				Families			
Plan year	Plan Name	Deductible	Percent Meeting Deductible	Max Out of Pocket	Percent Meeting MOOP	Deductible	Percent Meeting Deductible	Max Out of Pocket	Percent Meeting MOOP
2009	Optimum PPO	\$250	27.18%	\$1,125	10.05%	\$500	8.42%	\$2,250	1.51%
2010	Optimum PPO	\$300	25.80%	\$1,125	10.89%	\$600	7.05%	\$2,250	1.47%
2011	Optimum PPO	\$345	25.16%	\$1,295	9.99%	\$690	7.31%	\$2,590	1.36%
2012	Optimum PPO	\$355	24.87%	\$1,350	9.93%	\$720	5.51%	\$2,700	1.38%
2013	Optimum PPO	\$370	24.86%	\$1,390	11.11%	\$740	7.64%	\$2,780	1.72%
2014	LivingWell PPO	\$500	11.84%	\$2,500	3.74%	\$1,000	4.70%	\$3,000	0.49%
2015	LivingWell PPO	\$500	34.85%	\$2,500	0.67%	\$1,000	7.75%	\$3,000	0.15%
2016	LivingWell PPO	\$500	4.66%	\$2,500	0.13%	\$1,000	0.25%	\$3,000	0.01%

Individuals and Families in Maximum Choice (2009-13) and LivingWell CDHP (2014—)									
		Individuals				Families			
Plan year	Plan Name	Deductible	Percent Meeting Deductible	Max Out of Pocket	Percent Meeting MOOP	Deductible	Percent Meeting Deductible	Max Out of Pocket	Percent Meeting MOOP
2009	Maximum Choice	\$2,000	14.90%	\$3,000	4.52%	\$3,000	15.96%	\$4,500	3.64%
2010	Maximum Choice	\$2,000	15.12%	\$3,000	4.91%	\$3,000	16.78%	\$4,500	4.14%
2011	Maximum Choice	\$2,300	14.60%	\$3,455	4.53%	\$3,455	18.28%	\$5,185	4.37%
2012	Maximum Choice	\$2,325	14.71%	\$3,550	4.16%	\$3,530	18.82%	\$5,280	3.99%
2013	Maximum Choice	\$2,450	14.55%	\$3,700	4.04%	\$3,650	19.22%	\$5,400	3.56%
2014	LivingWell CDHP	\$1,250	29.00%	\$2,500	8.87%	\$2,500	17.39%	\$5,000	2.24%
2015	LivingWell CDHP	\$1,250	29.28%	\$2,500	8.68%	\$2,500	17.41%	\$5,000	1.83%
2016	LivingWell CDHP	\$1,250	2.59%	\$2,500	0.43%	\$2,500	0.14%	\$5,000	0.01%

Premium (or Premium Equivalent)

The following details the amount of premium* (or premium equivalent) paid by the employee and employer for 2009-2015 and monthly through 2016.

Time Period	Employee Premium Amount	Employer Premium Amount	Total Premium Amount
2009	\$210,980,360	\$1,190,104,292	\$1,401,084,653
2010	\$223,160,749	\$1,325,801,265	\$1,548,962,014
2011	\$274,375,886	\$1,324,091,690	\$1,598,467,575
2012	\$271,663,955	\$1,332,767,157	\$1,604,431,112
2013	\$271,156,377	\$1,329,854,915	\$1,601,011,292
2014	\$265,437,387	\$1,348,664,155	\$1,614,101,542
2015	\$256,371,746	\$1,362,686,924	\$1,619,058,670
Jan-16	\$21,361,644	\$116,292,534	\$137,654,178
Feb-16	\$21,337,003	\$115,987,652	\$137,324,655
Mar-16	\$21,322,139	\$115,980,478	\$137,302,617
Apr-16	\$21,319,786	\$115,865,541	\$137,185,328

**Premium (or premium equivalent) is based on enrollment using published premium rates—it is NOT based on actual payments received.*

Prescription Drug Utilization *(continued)*

The following details the type of prescription filled, the percent that were generic, and the generic efficiency rate for the most recent rolling year. Based on paid claims..

Time Period: Paid Month	Generic	Brand Name, Generic Available	Brand Name	Other*	Total	Scripts Rx % Generic	Scripts Generic Efficiency Rx
May 2015	305,493	12,222	36,449	6,268	360,432	84.76%	96.15%
Jun 2015	308,899	12,158	38,541	6,826	366,424	84.30%	96.21%
Jul 2015	306,024	12,236	39,272	7,274	364,806	83.89%	96.16%
Aug 2015	303,476	12,384	38,226	8,727	362,813	83.65%	96.08%
Sep 2015	309,505	18,044	39,425	6,652	373,626	82.84%	94.49%
Oct 2015	318,326	26,451	42,774	7,218	394,769	80.64%	92.33%
Nov 2015	318,905	17,713	40,283	5,459	382,360	83.40%	94.74%
Dec 2015	351,505	14,974	43,643	6,673	416,795	84.34%	95.91%
Jan 2016	304,121	11,604	31,567	6,350	353,642	86.00%	96.32%
Feb 2016	309,618	11,412	33,862	7,021	361,913	85.55%	96.45%
Mar 2016	342,196	12,642	39,771	6,539	401,148	85.30%	96.44%
Apr 2016	312,237	9,964	37,058	7,658	366,917	85.10%	96.91%

**Includes: Over the Counter (usually items such as diabetic supplies, syringes, and test strips, etc.), Other/Unavailable or Missing (Unable to tag to a specific group).*

Prescription Drug Utilization *(continued)*

The following details the number of members and patients utilizing prescription benefits and the associated costs for the most recent rolling year. Based on Incurred Claims.

Time Period	Members	Patients	Scripts	Scripts Per Member	Scripts Per Patient	Allow Amt* Per Script	Net Pay Per Script	Member Cost Per Script	Patient Cost Per Script
Feb 2015	262,506	143,907	332,043	1.26	2.76	\$81.95	\$61.57	\$25.67	\$46.83
Mar 2015	263,207	151,678	371,824	1.41	2.94	\$80.46	\$63.30	\$24.12	\$41.86
Apr 2015	263,009	152,523	367,928	1.40	2.91	\$86.11	\$71.00	\$21.02	\$36.24
May 2015	262,819	149,007	360,824	1.37	2.89	\$84.63	\$70.98	\$18.61	\$32.83
Jun 2015	262,525	150,975	366,156	1.39	2.95	\$88.56	\$75.67	\$17.85	\$31.04
Jul 2015	261,199	152,561	364,511	1.40	2.96	\$92.43	\$80.55	\$16.36	\$28.00
Aug 2015	259,931	150,955	363,289	1.40	2.92	\$87.76	\$76.63	\$15.34	\$26.42
Sep 2015	258,505	152,490	373,737	1.45	2.95	\$86.55	\$76.31	\$14.60	\$24.76
Oct 2015	261,966	162,680	394,953	1.51	2.98	\$86.23	\$76.44	\$14.49	\$23.34
Nov 2015	262,142	158,712	382,186	1.46	2.92	\$85.87	\$76.38	\$13.59	\$22.45
Dec 2015	262,241	158,085	417,188	1.59	3.13	\$90.52	\$81.13	\$14.68	\$24.35
Jan 2016	263,456	149,470	353,293	1.34	2.81	\$83.79	\$63.88	\$26.53	\$46.76

***Allow Amt" is the amount of submitted charges eligible for payment for all claims. It is the amount eligible after applying pricing guidelines, but before deducting third party, co-payment, coinsurance, or deductible amounts.*

Prescription Drug Utilization *(continued)*

The following Top 25 Drug Analysis is based on Rx claims incurred January 2016.

Prev Rank	Curr Rank	Product Name	Brand/Generic	Therapeutic Class General	Net Pay Rx	Net Pay Rx as % of All Drugs	Scripts Rx	Net Pay Per Day Supply Rx	Patients Rx
1	1	HUMIRA	Single source brand	Immunosuppressants	\$1,414,484.44	6.27%	262	\$124.82	254
2	2	ENBREL	Single source brand	Immunosuppressants	\$1,052,040.46	4.66%	193	\$123.02	190
13	3	GILENYA	Single source brand	Misc Therapeutic Agents	\$478,278.21	2.12%	44	\$189.79	44
10	4	JANUVIA	Single source brand	Hormones & Synthetic Subst	\$458,479.07	2.03%	1,074	\$10.86	1,058
8	5	NOVOLOG FLEXPEN	Single source brand	Hormones & Synthetic Subst	\$452,705.09	2.01%	561	\$19.79	574
6	6	LANTUS SOLOSTAR	Single source brand	Hormones & Synthetic Subst	\$401,878.10	1.78%	734	\$13.02	734
12	7	NOVOLOG	Single source brand	Hormones & Synthetic Subst	\$390,293.54	1.73%	507	\$20.07	491
14	8	TECFIDERA	Other/unavailable	Misc Therapeutic Agents	\$388,427.91	1.72%	47	\$179.99	46
16	9	VICTOZA	Other/unavailable	Hormones & Synthetic Subst	\$363,155.55	1.61%	512	\$19.06	508
5	10	COPAXONE	Single source brand	Misc Therapeutic Agents	\$351,479.89	1.56%	42	\$178.60	42
9	11	STELARA	Other/unavailable	Immunosuppressants	\$341,367.54	1.51%	32	\$128.24	33
4	12	CRESTOR	Single source brand	Cardiovascular Agents	\$334,820.85	1.48%	1,455	\$5.69	1,504
18	13	HUMATROPE	Multisource brand, no generic	Hormones & Synthetic Subst	\$322,496.00	1.43%	28	\$187.93	30
7	14	DULOXETINE HCL	Single source generic	Central Nervous System	\$303,469.97	1.34%	2,539	\$3.29	2,404
3	15	HARVONI	Single source brand	Anti-Infective Agents	\$299,213.76	1.33%	10	\$1,068.62	11
17	16	LEVEMIR FLEXTOUCH	Single source brand	Hormones & Synthetic Subst	\$292,904.18	1.30%	426	\$16.72	419
11	17	ESOMEPRAZOLE MAGNESIUM	Multisource generic	Gastrointestinal Drugs	\$268,354.17	1.19%	1,143	\$5.81	1,159
22	18	XOLAIR	Other/unavailable	Immunosuppressants	\$237,423.75	1.05%	66	\$87.74	66
-	19	ONE TOUCH ULTRA	Other/unavailable	Diagnostic Agents	\$235,592.35	1.04%	1,626	\$3.54	1,580
24	20	ARIPIPRAZOLE	Multisource generic	Central Nervous System	\$219,655.76	0.97%	369	\$17.88	367
-	21	METFORMIN HCL	Multisource generic	Hormones & Synthetic Subst	\$203,800.48	0.90%	7,338	\$0.67	7,360
19	22	GLEEVEC	Single source brand	Antineoplastic Agents	\$202,406.65	0.90%	13	\$321.28	14
-	23	OMEPRAZOLE/SODIUM BICARBONATE CAPSULE	Multisource generic	Gastrointestinal Drugs	\$184,676.93	0.82%	73	\$58.63	74
-	24	REVLIMID	Single source brand	Misc Therapeutic Agents	\$169,170.55	0.75%	17	\$383.61	16
-	25	JANUMET	Single source brand	Hormones & Synthetic Subst	\$165,347.13	0.73%	386	\$10.63	391

*"Product Name" includes all strengths/formulations of a drug

Prescription Drug Utilization *(continued)*

In summary, the top 25 drugs represent 5.52% of total scripts and 42.24% of total Rx expenditures.

Summary	Net Pay Rx	Scripts Rx	Days Supply Rx
Top Drugs	\$9,531,922	19,497	787,708
All Product Names	\$22,567,349	353,293	11,254,585
Top Drugs as Pct of All Drugs	42.24%	5.52%	7.00%

Utilization

The top 25 clinical conditions based on incurred claims for January 2016.

Prev Rank	Curr Rank	Clinical Condition	Net Pay Med	Net Pay IP Acute	Net Pay OP Med	Admits Per 1000 Acute	Days LOS Admit Acute	Visits Per 1000 Office Med	Visits Per 1000 ER	Patients Med	Net Pay Per Pat Med
1	1	Prevent/Admin Hlth Encounters	\$4,201,108	\$75,587	\$4,124,465	0.14	3.00	714.15	0.46	18,233	\$230.41
3	2	Osteoarthritis	\$2,799,994	\$2,134,269	\$661,358	3.28	2.29	145.39	0.64	2,721	\$1,029.03
5	3	Coronary Artery Disease	\$2,215,002	\$1,382,123	\$832,879	2.05	4.18	28.29	2.00	775	\$2,858.07
4	4	Chemotherapy Encounters	\$1,838,588	\$171,371	\$1,667,217	0.27	3.33	1.73	0.00	230	\$7,993.86
21	5	Pregnancy without Delivery	\$1,719,906	\$1,247,115	\$472,696	0.91	2.60	83.03	5.19	1,752	\$981.68
13	6	Infections, NEC	\$1,715,944	\$1,608,673	\$88,478	0.14	5.33	55.84	1.96	1,578	\$1,087.42
2	7	Signs/Symptoms/Oth Cond, NEC	\$1,707,256	\$225,855	\$1,416,339	0.59	6.92	353.82	7.70	12,001	\$142.26
6	8	Gastroint Disord, NEC	\$1,616,772	\$612,376	\$1,000,067	1.73	5.37	133.27	14.26	3,844	\$420.60
7	9	Respiratory Disord, NEC	\$1,523,680	\$432,393	\$1,085,577	0.36	7.75	136.37	9.47	4,262	\$357.50
11	10	Newborns, w/wo Complication	\$1,160,271	\$1,132,513	\$27,758	8.56	2.83	5.78	0.27	303	\$3,829.28
10	11	Condition Rel to Tx - Med/Surg	\$968,432	\$678,968	\$276,677	1.23	6.93	6.01	1.69	424	\$2,284.04
-	12	Cardiovasc Disord, Congenital	\$916,767	\$660,225	\$256,542	0.14	7.00	2.64	0.00	101	\$9,076.90
9	13	Arthropathies/Joint Disord NEC	\$898,527	\$23,016	\$866,427	0.09	6.00	669.79	4.01	9,613	\$93.47
22	14	Cardiovasc Disord, NEC	\$865,912	\$151,682	\$714,156	0.77	5.65	52.56	9.57	1,856	\$466.55
18	15	Diabetes	\$854,994	\$242,519	\$610,902	0.87	4.79	199.46	1.18	4,902	\$174.42
8	16	Spinal/Back Disord, Low Back	\$853,119	\$254,931	\$598,188	0.36	4.63	327.90	3.60	4,694	\$181.75
14	17	Cardiac Arrhythmias	\$840,061	\$195,989	\$644,073	0.64	2.86	31.61	2.32	868	\$967.81
15	18	Cancer - Breast	\$839,472	\$23,165	\$816,307	0.14	2.67	21.73	0.00	548	\$1,531.88
20	19	Cerebrovascular Disease	\$830,235	\$553,287	\$252,577	1.46	5.78	7.93	1.32	241	\$3,444.96
16	20	Renal Function Failure	\$743,597	\$97,494	\$646,001	0.18	2.25	11.16	0.23	494	\$1,505.26
19	21	Cholecystitis/Cholelithiasis	\$722,501	\$155,809	\$565,747	0.55	3.25	4.55	1.09	204	\$3,541.67
-	22	Radiation Therapy Encounters	\$710,179	\$0	\$710,179	0.00	0.00	4.74	0.00	72	\$9,863.59
25	23	Fracture/Disloc - Upper Extrem	\$674,184	\$151,977	\$522,123	0.18	4.50	59.40	5.51	885	\$761.79
17	24	Spinal/Back Disord, Ex Low	\$659,636	\$14,905	\$644,731	0.00	0.00	237.12	2.41	3,266	\$201.97
24	25	Urinary Tract Calculus	\$597,216	\$17,839	\$579,377	0.50	2.45	15.17	4.37	477	\$1,252.03

NOTE: Medical payments represent only the payments made for the specified condition.

Utilization *(continued)*

In Summary, the top clinical conditions represent more than 58.68% of total paid claims for all clinical conditions.

Summary	Net Pay Med	Net Pay IP Acute	Net Pay OP Med	Admits Per 1000 Acute	Days LOS Admit Acute	Visits Per 1000 Office Med	Visits Per 1000 ER
Top Clinical Conditions	\$32,473,352	\$12,244,079	\$20,080,841	25.14	4.09	3,309.46	79.25
All Clinical Conditions	\$55,341,949	\$19,602,162	\$35,434,804	58.26	4.78	7,481.14	172.55
Top Clinical Conditions as Pct of All Clinical Conditions	58.68%	62.46%	56.67%	43.16%	85.58%	44.24%	45.93%

Claims Lag Analysis

The following claims lag information is based on medical claims (does not include Rx) incurred January—December 2015.

Plan	Number of Medical Claims	Avg Days Lag Per Claim	% Claims Paid Within 30 Days	% Claims Paid Within 60 Days	% Claims Paid Within 90 Days
LivingWell CDHP	3,247,785	19	85.82%	95.51%	97.83%
LivingWell PPO	3,728,130	19	85.77%	95.45%	97.76%
Standard CDHP	374,414	23	82.09%	93.03%	96.15%
Standard PPO	380,859	20	85.22%	95.02%	97.45%
Missing	17,148	33	74.96%	87.30%	91.25%
All Plans	7,748,336	18	85.56%	95.32%	97.68%

As of the date of publication, January 2016 data was not available.

**Missing means the claims could not be tagged to a specific plan.*

Claims Lag Analysis *(continued)*

The following claims lag information is based on all claims (**Medical and Rx**) incurred and paid during the most recent rolling year.

	Month Paid					
Service Month	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15
Feb 2015	\$4,001,273.12	\$1,242,485.71	\$503,423.00	\$557,824.50	\$141,343.91	(\$398.69)
Mar 2015	\$10,121,765.90	\$2,837,338.76	\$2,513,709.84	\$652,820.04	\$790,708.89	\$394,293.78
Apr 2015	\$41,387,124.75	\$5,989,036.43	\$3,338,356.17	\$706,592.62	\$882,965.52	\$314,784.81
May 2015	\$51,400,281.07	\$30,663,497.55	\$5,091,363.05	\$1,958,899.20	\$1,211,853.36	\$461,309.94
Jun 2015	\$5,981.66	\$54,967,799.17	\$41,341,141.76	\$6,065,829.41	\$2,423,557.92	\$2,662,648.49
Jul 2015	\$0.00	\$7,388.18	\$63,801,966.07	\$36,211,754.09	\$6,961,621.98	\$3,683,916.03
Aug 2015	\$0.00	\$0.00	\$7,040.70	\$54,145,230.27	\$35,330,322.27	\$8,658,647.09
Sep 2015	\$0.00	\$0.00	\$0.00	\$7,410.12	\$51,595,606.23	\$44,213,583.06
Oct 2015	\$0.00	\$0.00	\$0.00	\$0.00	\$11,088.62	\$62,225,195.74
Nov 2015	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$7,467.40
Dec 2015	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Jan 2016	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

	Month Paid					
Service Month	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16
Feb 2015	\$18,167.94	(\$112,478.77)	(\$138,096.36)	\$39,492.16	\$42,285.47	\$193,366.93
Mar 2015	\$211,688.31	(\$157,205.76)	\$49,523.52	\$62,393.43	(\$397,601.71)	(\$72,524.90)
Apr 2015	\$97,052.31	(\$131,205.31)	(\$4,497.74)	\$25,570.91	\$10,559.28	\$40,030.51
May 2015	\$40,766.99	\$721,694.05	(\$44,884.77)	\$293,061.45	(\$189,641.45)	\$156,506.57
Jun 2015	\$710,426.78	\$569,164.08	(\$224,303.64)	\$303,621.76	(\$176,575.57)	(\$140.11)
Jul 2015	\$1,022,376.40	\$312,956.56	\$26,422.98	\$1,254,156.03	\$972,060.16	(\$33,936.64)
Aug 2015	\$2,260,856.87	\$809,700.43	\$349,748.87	\$347,103.29	\$39,109.45	\$166,523.27
Sep 2015	\$6,642,080.80	\$3,738,161.12	\$1,280,600.61	\$814,115.28	\$895,817.39	\$225,651.64
Oct 2015	\$33,924,522.51	\$8,584,965.97	\$6,007,919.22	\$1,320,413.49	\$588,388.19	\$432,744.19
Nov 2015	\$57,453,330.59	\$38,459,484.02	\$10,258,961.87	\$3,581,533.17	\$1,575,863.08	\$464,663.57
Dec 2015	\$14,688.02	\$61,981,835.67	\$50,028,481.60	\$12,019,847.80	\$3,706,888.77	\$2,108,210.76
Jan 2016	\$0.00	\$859.10	\$38,142,416.02	\$28,982,885.92	\$8,158,857.59	\$2,624,279.39

Claims Distribution Based on Age/Gender

The following is based on claims incurred January 2016.

	Female			Male		
Age Group	Members Avg	Net Pay Med and Rx	Net Pay Per Member	Members Avg	Net Pay Med and Rx	Net Pay Per Member
Ages < 1	1,178	\$1,296,939.54	\$1,100.97	1,320	\$1,576,490.14	\$1,194.31
Ages 1-4	5,263	\$498,897.55	\$94.79	5,517	\$604,175.78	\$109.51
Ages 5-9	7,694	\$460,840.67	\$59.90	8,122	\$624,730.21	\$76.92
Ages 10-14	8,674	\$868,341.35	\$100.11	8,968	\$859,167.62	\$95.80
Ages 15-17	5,723	\$821,586.38	\$143.56	5,972	\$1,066,374.25	\$178.56
Ages 18-19	3,562	\$473,125.99	\$132.83	3,957	\$675,438.50	\$170.69
Ages 20-24	9,291	\$1,642,635.35	\$176.80	8,747	\$705,640.72	\$80.67
Ages 25-29	8,506	\$1,975,742.88	\$232.28	4,906	\$489,635.11	\$99.80
Ages 30-34	9,758	\$2,264,552.89	\$232.07	5,419	\$734,272.15	\$135.50
Ages 35-39	11,128	\$2,493,311.07	\$224.06	6,384	\$835,282.51	\$130.84
Ages 40-44	12,551	\$3,695,963.52	\$294.48	7,225	\$1,356,919.63	\$187.81
Ages 45-49	14,135	\$4,531,913.91	\$320.62	8,498	\$2,322,983.85	\$273.36
Ages 50-54	15,456	\$6,315,824.43	\$408.63	9,680	\$3,700,122.56	\$382.24
Ages 55-59	17,975	\$9,472,434.91	\$526.98	10,637	\$5,367,216.87	\$504.58
Ages 60-64	20,170	\$9,956,782.41	\$493.64	12,444	\$7,122,102.55	\$572.33
Ages 65-74	2,464	\$1,662,980.73	\$674.91	1,825	\$1,228,585.47	\$673.20
Ages 75-84	146	\$131,857.09	\$903.13	151	\$76,029.90	\$503.51
Ages 85+	7	\$84.74	\$12.11	2	\$314.79	\$157.40
Total	153,681	\$48,563,815.41	\$316.00	109,774	\$29,345,482.61	\$267.33

Allowed Amount Distribution

The following table shows the distribution of members for whom the amounts of charges within the specified ranges were allowed. The data appears for the years of 2009—2015 and year to date for 2016.

Allowed Amount	2009	2010	2011	2012	2013	2014	2015	2016
less than 0.00	22	42	63	105	5816	22	3	2
\$0.00 - \$499.99	53,160	57,392	58,044	60,353	60,320	66,180	72,724	118,653
\$500.00 - \$999.99	34,982	34,386	36,012	36,453	36,748	39,137	39,807	14,013
\$1,000.00 - \$1,999.99	43,452	42,988	44,147	44,299	43,463	43,065	41,197	7,875
\$2,000.00 - \$4,999.99	59,566	60,341	60,339	60,139	57,291	51,911	49,071	5,125
\$5,000.00 - \$9,999.99	35,696	36,028	36,375	36,025	34,307	29,515	26,841	1,865
\$10,000.00 - \$14,999.99	14,198	14,874	15,009	15,273	14,743	12,825	11,405	880
\$15,000.00 - \$19,999.99	6,849	7,184	7,339	7,651	7,573	6,755	5,594	434
\$20,000.00 - \$29,999.99	6,475	6,960	7,131	7,114	7,271	6,374	5,592	285
\$30,000.00 - \$49,999.99	4,451	4,935	5,155	5,306	5,387	5,272	4,416	213
\$50,000.00 - \$74,999.99	1,773	2,022	2,256	2,391	2,530	2,520	2,193	76
\$75,000.00 - \$99,999.99	688	829	839	914	1017	1,037	931	19
\$100,000.00 - \$149,999.99	545	651	707	789	801	846	779	20
\$150,000.00 - \$199,999.99	203	225	274	296	350	344	313	5
\$200,000.00 - \$249,999.99	116	117	118	136	147	179	144	2
over \$249,999.99	166	196	259	268	295	326	217	3
Total	262,342	269,170	274,067	277,512	278,059	266,308	261,227	149,470

Summary of Enrollment and Claims

The following provides a summary of members, incurred medical claims, and incurred Rx claims for the most recent rolling year.

Time Period	Members	Net Pay Med and Rx	Net Pay Med	Net Pay Rx	Claims Paid	Claims Paid Med	Scripts Rx
Feb 2015	262,506	\$79,309,067.41	\$58,863,595.23	\$20,445,472.18	561,225	223,350	332,043
Mar 2015	263,207	\$93,452,536.51	\$69,916,814.80	\$23,535,721.71	644,674	266,167	371,824
Apr 2015	263,009	\$97,877,825.84	\$71,753,151.56	\$26,124,674.28	650,046	274,986	367,928
May 2015	262,819	\$91,770,327.75	\$66,157,961.53	\$25,612,366.22	615,219	247,739	360,824
Jun 2015	262,525	\$108,649,151.71	\$80,941,559.82	\$27,707,591.89	642,795	269,667	366,156
Jul 2015	261,199	\$114,220,681.84	\$84,857,724.13	\$29,362,957.71	659,745	287,859	364,511
Aug 2015	259,931	\$102,114,282.51	\$74,276,114.10	\$27,838,168.41	632,389	262,298	363,289
Oct 2015	261,966	\$113,095,237.93	\$82,905,405.06	\$30,189,832.87	696,936	295,179	394,953
Sep 2015	258,505	\$109,413,026.25	\$80,891,652.94	\$28,521,373.31	650,641	269,970	373,737
Nov 2015	262,142	\$111,801,303.70	\$82,611,097.81	\$29,190,205.89	669,567	280,460	382,186
Dec 2015	262,241	\$129,859,952.62	\$96,014,970.58	\$33,844,982.04	721,360	297,538	417,188
Jan 2016	263,456	\$77,909,298.02	\$55,341,949.22	\$22,567,348.80	605,180	244,929	353,293

NOTE: Includes run out data from all Carriers

The following illustrates the change in incurred claims (includes medical and Rx) by rolling year.

Time Period	Members	Total Medical and Rx Claims	Total Medical Claims	Total Rx Claims
Feb 2015 - Jan 2016	261,959	\$1,229,889,348	\$904,948,652	\$324,940,695
Feb 2014 - Jan 2015	263,504	\$1,392,666,945	\$1,068,074,522	\$324,592,424
% Change (Roll Yrs)	-0.59%	-11.69%	-15.27%	0.11%